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To: Commissioner for Patents
Fax Number: (703) 872-9306
Date: January 26, 2005
Pages: 16 pages (including this cover sheet)

MESSAGE:

Application No. 10/005,985
Examiner Dennis G. Bonshock
Art Unit 2173

Amendment Transmittal
Petition and Fee for Extension of Time
Amendment

(569.013)

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FERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. 569.013

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Gene E. Nacey
Serial No. : 10/005,985 Examiner : Dennis G. Bonshock
Filed : November 12, 2001 Group Art Unit : 2173
For : VISUAL DISPLAY OF ROOM INFORMATION

HON. COMMISSIONER OF PATENTS AND TRADEMARKS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☒ Small Entity status of this application has previously been established.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (703) 872-9306 on January 26, 2005 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III

(Type or print name of person transmitting paper or fee)

(Signature of person transmitting paper or fee)

PERENCE & ASSOCIATES
Amendment Transmittal

Att. Docket No. 569.013

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
				RATE	FEE		RATE	FEE
Total Claims	37	** 37	= * 0	x \$9	=	OR x	\$18	=
Ind. Claims	4	*** 4	= * 0	x \$44	=	OR x	\$88	=
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$150	=	OR +	\$300	=
				<u>TOTAL</u>	= \$	OR	<u>TOTAL</u>	= \$

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
 *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to the credit card identified on the attached Credit Card Payment Form.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to the credit card identified on the Credit Card Payment Form submitted with the accompanying Petition and Fee for Extension of Time.

Respectfully submitted,

PERENCE & ASSOCIATES

By Stanley D. Perence III
 Stanley D. Perence III
 Reg. No. 32,879

Dated: January 26, 2005

Mailing Address:

Customer No. 35195
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